

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/726,754
		Filing Date	December 2, 2003
		First Named Inventor	Witherspoon, Glenn Steven
		Art Unit	2876
		Examiner Name	
Total Number of Pages in This Submission	7 + 12 cited refs	Attorney Docket Number	022009-000110US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Return Postcard International Search Report (4pp) SB/08A (1 p) 12 cited references
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Townsend and Townsend and Crew LLP Paul C. Haughey Reg. No. 31,836
Signature	<i>Paul C. Haughey</i>
Date	April 5, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Gloria Sikora		
Signature	<i>G. Sikora</i>	Date	April 5, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Glenn Steven Witherspoon

Application No.: 10/726,754

Filed: December 2, 2003

For: PERSONAL DIGITAL ACCOUNT
REGISTER

Examiner:

Art Unit: 2876

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97
and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

April 5, 2004

Sir:

The references cited on attached form PTO/SB/08A are being called to the attention of the Examiner. Copies of the references and a copy of the **International Search Report** corresponding to the PCT application are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

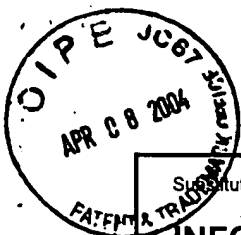
As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

Paul C. Haughey
Reg. No. 31,836

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Substitute for form 1449B/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Application Number	10/726,754	
			Filing Date	December 2, 2003	
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			Art Unit	2876	
			Examiner Name		
Sheet	1	of	1	Attorney Docket Number	022009-000110US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
	1	US-6,609,095 B1	08-19-2003	Krause	
	2	US-6,305,603 B1	10-23-2001	Grunbok, Jr. et al.	
	3	US-5,221,838	06-22-1993	Gutman et al.	
	4	US-5,093,787	03-03-1992	Simmons	
	5	US-4,910,696	03-20-1990	Grossman et al.	
	6	US-4,724,527	02-09-1988	Nishimura et al.	
	7	US-2003/0083967 A1	05-01-2003	Fleming	
	8	US-2003/0046229 A1	03-06-2003	Cresswell	
	9	US-2002/0180696 A1	12-05-2002	Maritzen et al.	
	10	US-2002/0091635 A1	07-11-2002	Dilip et al.	
	11	US-2002/0026416 A1	02-28-2002	Provinse	

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	12	GB	2 387 930	A	10-29-2003	Graves		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.